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Division of Corporations

Fax Number

: (850)617-6383

From:

: REGISTERED AGENTS INC. Account Name

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE LUMINARIES HOLDING, LLC

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K. SALY

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605,0114 or 605,0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

L Na	ane of the limited liability company:LUMINARIES HOL	DING LLO	2	
2,	Principal office address of timited liability company. (Note: MUST BE STREET ADDRESS)			dailing address of limited hability company: (Note: MAY BE POST OFFICE BOX)
	07/13/23		.230003334	
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
	Registered Agent and Registered Office shown on the records of the 390 NORTH ORANGE AVE.	he Florida	Dept. of State	:.
	Registered Office Address			
	STE 2300-N			22
	ORLANDO .FL			T T
(b)	Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered (ress)	FILEU M3: 40 MECANASSEC FUSANO
	7901 4th St N			STREAM SHO
	NEW Registered Office Address:	•		÷ –
	STE 300			
	St. Petersburg , FL	33702		
the cha agent v was/wa	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the regist bility con f the limi	tered office npany, it is ted liability	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
Combon.	ture of a member or authorized representative of a member	Robin	Jones	
I here, provisi the obl to mero notifica	ture of a member of authorized representative of a member by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete place in the registered agent as provided elv reflect a change in the registered office address. I had in writing of this change. David Roberts - Assistant Se	performa I for in C erchy co	in this cape nee of my hapter 605 nform that	Printed or typed name of signee neity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
(L)	re of Registered Agent	~. w (w) j		